



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
(SEE MAP FOR APPROPRIATE REGIONAL OFFICE)

**FORM J - REQUEST FOR TERMINATION OF A
STATE OPERATING PERMIT**

(NOT FOR USE WITH GENERAL PERMITS MO-G OR MO-R)

UNDER MISSOURI CLEAN WATER LAW

1.00 PERMIT NUMBER

MO-

2.00 NAME OF FACILITY

2.10 ADDRESS

CITY

STATE

ZIP CODE

2.20 OWNER

NAME

TELEPHONE NUMBER

FAX NUMBER

ADDRESS

CITY

STATE

ZIP CODE

2.30 CONTINUING AUTHORITY

NAME

TELEPHONE NUMBER

FAX NUMBER

ADDRESS

CITY

STATE

ZIP CODE

3.00 REASON FOR TERMINATION REQUEST (CHECK ONE)

- ☐ FOR WASTE WATER TREATMENT PLANTS, THE TREATMENT PLANT IS REMOVED AND SLUDGE WAS REMOVED AND PROPERLY DISPOSED OF (ATTACH EXPLANATION), AND/OR CLOSURE PLAN APPROVED AND IMPLEMENTED.
- ☐ FOR INDUSTRIAL FACILITIES, SITE ACTIVITIES HAVE CEASED, NO "SIGNIFICANT MATERIALS" REMAIN ON SITE, AND SITE HAS OBTAINED "CLOSURE" STATUS FROM ALL APPLICABLE DEPARTMENT PROGRAMS.
- ☐ GENERAL PERMIT MO-G _____ OR MO-R _____ HAS BEEN ISSUED AND COVERS ALL REGULATED ACTIVITIES AT SITE.
- ☐ OTHER REASON (SPECIFY) _____

4.00 CONTACT PERSON KNOWLEDGEABLE ABOUT SITE

NAME

TELEPHONE NUMBER

()

5.00 I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE TERMINATION REQUEST, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE.

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

TELEPHONE NUMBER

()

SIGNATURE

DATE SIGNED